

N. B.—Every item of information should be truthfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

36216

1. PLACE OF DEATH

County Greene  
Township Springfield  
City Springfield

Registration District No. 318  
Primary Registration District No. W. Atlantic  
(No. 1312)

File No. \_\_\_\_\_  
Registered No. 792  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Elizabeth L. Rugh St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 - 1859</u>		
7. AGE <u>74</u>	YEARS <u>3</u>	MONTHS <u>8</u>
DAYS <u>8</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>In Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>Nov 14 - 1933</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

13. NAME John L. Meredith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Anna Luella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT L. M. Rugh  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov 16 1933

19. UNDERTAKER J. H. Klingner & Co.  
(ADDRESS) Springfield, Mo.

20. FILED 11-14 1933 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on 11-14, 1933 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Coronary Sclerosis  
90%

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Chas A. George - Coroner

(Address) Springfield, Mo.

